Wellesley Recreation Department Warren Building Rental Application

Namai				T		** .* .
Name:				r		this application to:
Address:						on Department
Dhanai						shington St.
Phone:				Wellesley, MA 02481		
Cell:				For Questions call (781) 235-2370		
Please fill ou	t the following i	information for th	he location yo	u are looking to	o rent.	
	ym	Classr	room	Kitc	chen	Birthday Parties
Date:		Date:		Date:		Date:
Time:		Time:		Time:		Time: Age:
Purpose:		Purpose: _	Purpose:			Child Rm. Age 2-5 Gym/Kitchen Age 6 +
# of People		# of People		# of People		# of People
Total Hours		Total Hours		Total Hours		Total Hours 2
Diocea answ	the following					
Please allow	er the following	questions.				Explain
	1. Do you you n	need tables and ch	nairs?	Yes	No	
	2. Will there cor	ntracted entertainr	ment?	Yes	No	
	-	d sports equipmen (i.e. basketballs)		Yes	No	
	4. Will the event be only Wellesley Residents? (Does not apply to Birthdays)			Yes	No	
Payment						
Credit Card:	VISA	MasterCard			Total Fee Cha	arge:
Card Number					Expiration Da	ate:
		Signature			-	Date
FOR OFFICE Supervisor N	_	Yes A	Additional Fee			
	Ī	No	Date			RecTrac
Classroom #			Amount Charge #			